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Bib Data Sheet

CONFIRMATION NO. 3765

|   |   |                               |   |  |                                 |
|---|---|-------------------------------|---|--|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/007,360  | <b>FILING DATE</b><br>10/29/2001<br><b>RULE</b>   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3732   | <b>ATTORNEY DOCKET NO.</b><br>BON-4250-1 |                                 |
| <b>APPLICANTS</b><br>Peter M. Bonutti, Effingham, IL;<br><b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CON OF 09/370,865 08/09/1999 <i>OK</i> <i>SMV</i><br><b>** FOREIGN APPLICATIONS *****</b><br><i>None</i> <i>SMV</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 01/07/2002</b> |   |                               |   |  |                                 |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>SMV</i><br>Examiner's Signature Initials             |   | <b>STATE OR COUNTRY</b><br>IL | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>108               | <b>INDEPENDENT CLAIMS</b><br>15 |
| <b>ADDRESS</b><br>TAROLLI, SUNDHEIM, COVELL, TUMMINO & SZABO<br>1111 Leader Building<br>Cleveland, OH 44114-1400  |   |                               |   |  |                                 |
| <b>TITLE</b><br>Method of securing tissue   |   |                               |   |  |                                 |
| <b>FILING FEE RECEIVED</b><br>1666  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                 |